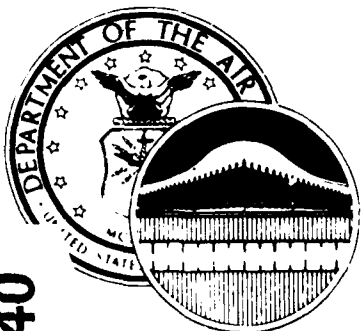


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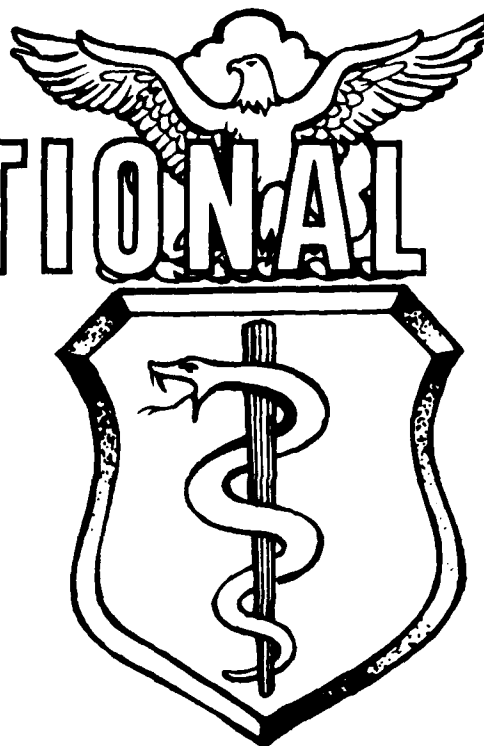
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UNITED STATES AIR FORCE

AD-A199 340

# OCCUPATIONAL SURVEY REPORT



MENTAL HEALTH UNIT CAREER LADDER

AFSC 914X1 .

AFPT 90-914-798

AUGUST 1988

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OCCUPATIONAL ANALYSIS PROGRAM  
USAF OCCUPATIONAL MEASUREMENT CENTER  
AIR TRAINING COMMAND  
RANDOLPH AFB, TEXAS 78150-5000

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HO USMC (CODE TPI)	1			
NODAC	1			
3700 TCHTW/TTS (SHEPPARD AFB TX)	1		1	
3790 MSTW/MSOX (SHEPPARD AFB TX)	12	5	17	7
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## PREFACE

This report presents the results of an Air Force occupational survey of the Mental Health Unit (AFSC 914X1) career ladder. Authority for conducting occupational surveys is contained in AFR 35-2. Computer products used in this report are available for use by operations and training officials.

Lt Earl Nason developed the survey instrument, Ms Olga Velez provided computer programming support, and Mr Richard G. Ramos provided administrative support. Lt Ron W. Schrupp analyzed the data and wrote the final report. This report has been reviewed and approved for release by Lieutenant Colonel Thomas E. Ulrich, Chief, USAF Airman Analysis Branch, Occupational Analysis Division, USAF Occupational Measurement Center.

Copies of this report are distributed to Air Staff sections, major commands, and other interested training and management personnel. Additional copies may be requested from the Occupational Measurement Center, Attention: Chief, Occupational Analysis Division (OMY), Randolph AFB, Texas 78150-5000.

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## SUMMARY OF RESULTS

1. Survey Coverage: Survey results are based on responses from 173 Mental Health Unit personnel. This represents 60 percent of the total assigned AFSC 914X1 population. Incumbents were surveyed across all major commands and included 3-, 5-, and 7-skill level personnel.

2. Career Ladder Structure: One large cluster (including two jobs) and two independent job types were identified in the career ladder structure analysis. Seventy-two percent of the survey sample is contained in the cluster, which includes specialists working either in Inpatient Mental Health or Alcohol Rehabilitation units, where they perform patient observation, therapy, counseling, general nursing, and administrative functions. One independent job type is composed of NCOIC personnel performing mostly technical functions and some supervision. The other independent job type has senior NCOICs and Superintendents performing a variety of managerial and administrative duties.

3. Career Ladder Progression: The AFSC 914X1 career ladder shows a somewhat typical career progression pattern. The technical aspects of the career ladder are performed at the 3- and 5-skill levels, with the 5-skill level members performing increasing amounts of supervisory tasks. Seven-skill level members spend most of their time performing supervisory and administrative tasks.

4. AFR 39-1 Specialty Descriptions: A comparison of survey data to AFR 39-1 indicates the AFR 39-1 Specialty Descriptions provide comprehensive depictions of the respective jobs. Only minor changes are recommended.

5. Job Satisfaction: Overall, the survey respondents reflected good job satisfaction. Satisfaction tends to increase with the higher skill levels and greater job responsibilities. Compared to other medical ladders surveyed in 1987, the AFSC 914X1 first-enlistment personnel had slightly lower satisfaction, while senior members expressed higher job satisfaction. A comparison of data with the previous AFSC 914X1 survey done in 1978 revealed similar findings.

6. Training Analysis: A match of survey data to the AFSC 914X1 Specialty Training Standard (STS) identified several STS items not supported by survey data. A similar match of data to the Plan of Instruction (POI) J3ABR91431-001 revealed some POI objectives also not supported. Technical training personnel should carefully review these items to justify their continued inclusion in the training documents. Additionally, tasks not matched to both the STS and POI indicate additional areas that may deserve inclusion in any future revisions of these documents.

7. Implications: Overall, the AFSC 914X1 career ladder has remained fairly stable since the last survey in 1978. Jobs and tasks performed have not changed drastically and job satisfaction remains high. The AFR 39-1 specialty descriptions accurately describe the duties and tasks performed across the various skill levels, although some minor additions are suggested for the 3- and 5-skill level description. Training programs for career ladder personnel appear well supported, although both the STS and POI for this AFSC need

review. Once a merger of the AFSC 914X0 and 914X1 career ladders is complete, the OSR data collected for this survey should be extremely useful in defining and delineating Mental Health Unit functions within the new AFSC and in preparing appropriate training for the new AFSC.

OCCUPATIONAL SURVEY REPORT  
MENTAL HEALTH UNIT CAREER LADDER  
(AFSC 914X1)

INTRODUCTION

→ This is a report of an occupational survey of the Mental Health Unit career ladder completed by the USAF Occupational Measurement Center in July 1988. The career ladder was last surveyed in 1978 in conjunction with the Mental Health Clinic Specialty, AFSC 914X0. The present survey was requested by the Chief, Training Operations Division, 3790th Medical Services Training Wing (formerly the School of Health Care Sciences), Sheppard AFB, Texas.

→ to p. IV  
Background

This survey was originally requested to identify the similarity of nursing skills being used in AFSCs 914X1 and 902X0 (Medical Service) for use in a proposed merger of these AFSCs. However, the proposal to merge these two AFSCs was later dropped. Other classification issues have since been proposed involving the AFSC 914X1 career ladder. The Air Staff and HQ AFMPC classification personnel have tentatively approved a proposal by HQ AFMPC/SGE to merge AFSCs 914X1 and 914X0 (Mental Health Clinic). Data gathered through this occupational survey will be used to assist mental health functional managers and training personnel in developing new AFR 39-1 Specialty Descriptions, a new Specialty Training Standard (STS) for the combined ladder, and training programs for the new AFSC.

Currently, entry-level AFSC 914X1 personnel are required to complete an 8-week basic residence course (J3ABR91431-001) at Sheppard AFB TX. A score of 48 on the Armed Services Vocational Aptitude Battery (ASVAB) test in the general category is required for entry into the career ladder.

As outlined in the AFR 39-1 Specialty Descriptions, AFSC 914X1 personnel assist professional staff members in planning, providing, and evaluating patient care. Duties include observation and recording, mental examination and diagnosis, and general administrative functions.

SURVEY METHODOLOGY

Data for this survey were collected using USAF Job Inventory AFPT 90-914-798, dated June 1987. The Inventory Developer reviewed pertinent career ladder documents, and the previous inventory and QSR to prepare a

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tentative task list. This task list was then validated through personal interviews with 28 subject-matter experts in operational units at six bases. The six bases visited were:

<u>BASE</u>	<u>MAJCOM</u>	<u>REASON FOR VISIT</u>
Andrews AFB	MAC	Point of entry for air evacuation patients
Eglin AFB	AFSC	Largest Air Force in-patient unit
Keesler AFB	ATC	Small Mental Health Unit, more cross-utilization
Lackland AFB	ATC	Only unit that stays continuously locked
Sheppard AFB	ATC	Technical Training Center and Regional Medical Center
Wright-Patterson AFB	AFLC	Alcohol Rehabilitation Center, Transitional Unit

The resulting inventory listed 691 tasks grouped into 15 duty headings. There were also a number of background questions asking about duty AFSC, functional area assigned to, shift work assigned to, time in present job, time in service, number of beds in work unit, job title, courses completed, and equipment operated on the job.

#### Survey Administration

From July through December 1987, Consolidated Base Personnel Offices at operational bases worldwide administered the inventory booklets to all eligible DAFSC 914X1 personnel at the 3-, 5-, and 7-skill levels. Participants were selected from a computer-generated mailing list provided by the Air Force Human Resources Laboratory. Those not receiving booklets included those in transition for a permanent change of station (PCS), members retiring at the time of survey, those hospitalized, and those who had not been in their current job for at least 6 weeks.

All individuals who filled out an inventory booklet first completed an identification and background information section. Next, they went through the booklet and checked each task performed in their current job. After checking all tasks performed, the respondents rated each of these tasks on a 9-point scale, reflecting relative time spent on each task compared to all other tasks. Ratings ranged from 1 (indicating a very small amount of time spent) to 9 (indicating a very large amount of time spent). To determine relative time spent for each task checked by a respondent, the sum of a respondent's ratings was assumed to account for 100 percent of his or her time



spent on the job. All respondent's ratings were added together and then each rating was divided by the sum of all responses. Then, this quotient was multiplied by 100 to obtain the relative time spent for each task. This procedure provided a basis for comparing tasks not only in terms of percent members performing, but also in terms of relative percent time spent on tasks and groups of tasks.

### Survey Sample

Participants in the survey were carefully selected to ensure there was a proportional representation across major commands (MAJCOMs). Table 1 shows the percentage distribution, by MAJCOM, of assigned personnel in the career ladder as of June 1987. Also shown in this table is the percentage distribution, by MAJCOM, in the final survey sample. As Table 1 indicates, survey representation by MAJCOM generally was very good. While MAC representation within the survey sample was somewhat lower than the assigned population, and ATC representation slightly higher, overall survey results were not affected. The 173 respondents included in the final survey sample represent 60 percent of the total 293 DAFSC 914X1 personnel assigned.

### Task Factor Administration

Once the survey data were processed and input into a Sperry 1100 computer, Comprehensive Occupational Data Analysis Programs (CODAP) were used to analyze the data and create job descriptions for various groupings of respondents. But job descriptions alone do not provide sufficient data for making decisions about career ladder documents or training programs. Task difficulty (TD) and training emphasis (TE) information are also useful for analysis of the career ladder. However, TD data for this AFSC were not collected due to a relatively small number of senior AFSC 914X1 personnel available to fill out both TD and TE booklets. Senior level AFSC 914X1 personnel (generally those in paygrades E-6 and E-7) were asked to complete a TE booklet. These booklets were processed separately from the job inventories, and the compiled TE data are used in a number of different analyses discussed in more detail later in this report.

Training Emphasis (TE). Training emphasis is a rating of those tasks which require structured training for first-enlistment personnel. Structured training can be provided by resident technical schools, field training detachments (FTD), mobile training teams (MTT), or in-house formal OJT. TE data were collected from 48 experienced AFSC 914X1 supervisors. These raters were asked to rate inventory tasks on a 10-point scale ranging from no training required (0) to extremely high TE (9). If the raters were to agree perfectly on which tasks were important for first-enlistment training, the interrater reliability (as assessed through components of variance of standard group means) for these raters would be 1.0. The interrater reliability for these 48 raters was .97, indicating extremely high agreement on which tasks require some form of structured training for first-term personnel. The average TE rating was 1.90, and the standard deviation was 1.96. Thus, tasks receiving ratings of 3.86 or higher are considered to have relatively high TE.

TABLE 1  
COMMAND REPRESENTATION OF AFSC 914X1 SURVEY SAMPLE

<u>COMMAND</u>	<u>PERCENT OF ASSIGNED*</u>	<u>PERCENT OF SAMPLE</u>
MAC	25	18
ATC	23	27
JMMC	11	12
USAFE	10	14
AFSC	8	5
AFLC	8	6
PACAF	7	9
SAC	6	6
OTHER	2	3

Total Assigned - 293  
Total Number Eligible - 250  
Total in Sample - 173  
Percent of Assigned - 60%  
Percent of Eligible - 69%

\* As of June 1987

When TE ratings are used with other information, such as percent members performing tasks, they can provide insight into training requirements and help validate the need for structured training for the career ladder.

#### SPECIALTY JOBS (Career Ladder Structure)

The structure of jobs within the Mental Health Unit career ladder was examined on the basis of similarity of tasks performed and the percent of time spent ratings provided by job incumbents, independent of background or other factors.

For the purpose of organizing individual jobs into similar units of work, an automated job clustering program compares the job description for each individual in the sample to every other job description, in terms of the tasks performed and the relative amount of time spent doing those tasks. The automated program is designed to find the two most similar job descriptions and merge them into a group. All other job descriptions are then compared to this group and those that are similar are also merged. In successive stages, new members are added to merge with groups already formed or to create new groups, until all job incumbents (and their respective job descriptions) are merged. The result is a pattern of jobs making up the AFSC 914X1 career ladder.

For this report, the career ladder structure is described in terms of clusters, job types, and independent job types. The basic identifying group is the job type. A job type is a group of individuals who perform many of the same tasks and spend similar amounts of time performing them. When different job types have a substantial degree of similarity between them, they are grouped together and labeled a cluster. In many career ladders, there are specialized job types that are too dissimilar to be grouped into any cluster. These unique groups are labeled independent job types (IJT).

#### Structure Overview

Based on the similarity of tasks performed and the amount of time spent performing each task, one cluster and two IJTs were identified in the examination of the Mental Health Unit career ladder. These major jobs, listed below, are illustrated in Figure 1 and descriptions for each are given on the following pages. The stage (STG) numbers printed beside each job title are the same numerical identifiers located on the CODAP diagram. These identifiers are used during analysis of the groups to find specific information for each group. The letter N within parentheses refers to the number of personnel in the group.

# AFSC 914X1 CAREER LADDER DISTRIBUTION

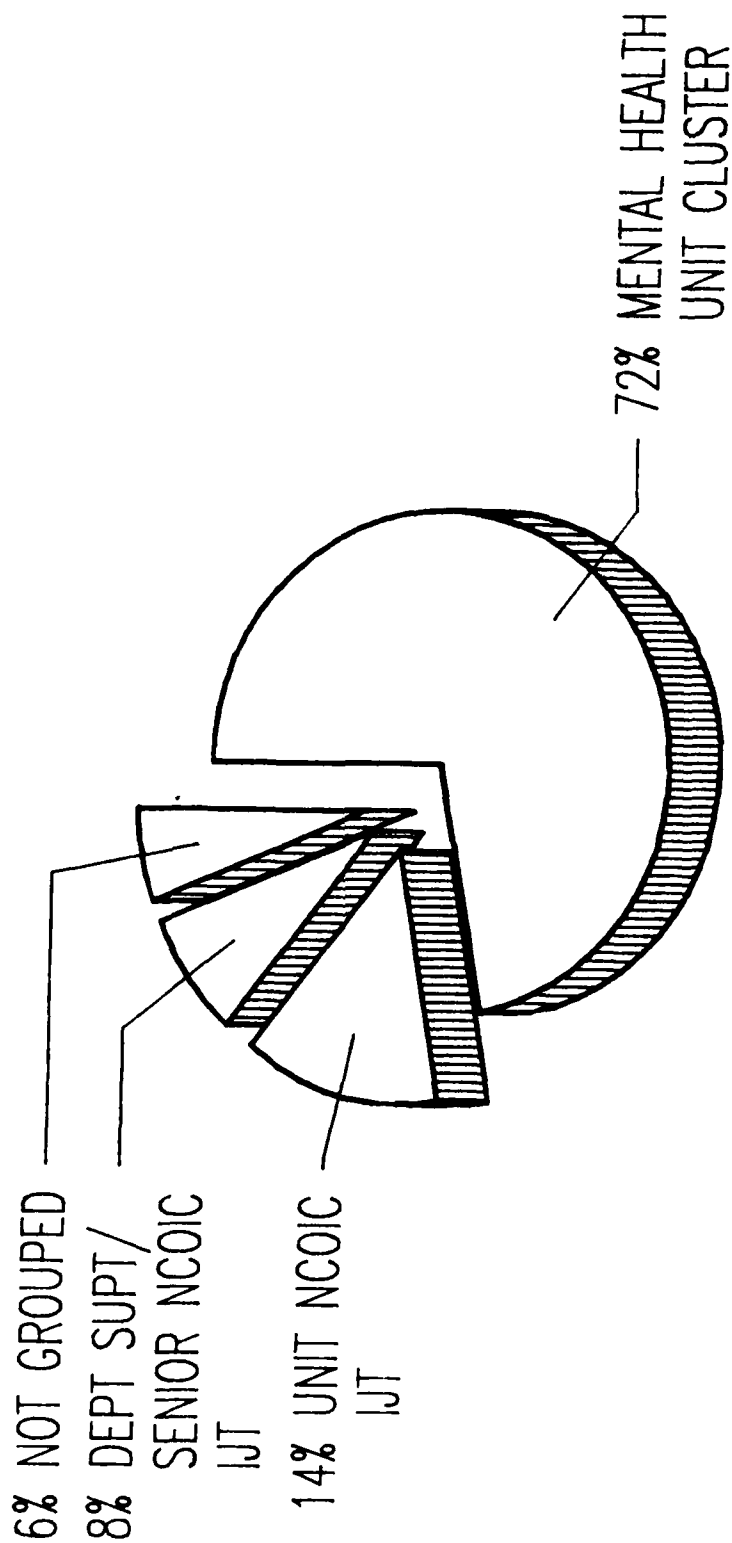


Figure 1

- I. MENTAL HEALTH UNIT SPECIALIST CLUSTER (STG020, N=124)
  - A. Inpatient Mental Health Personnel (STG032, N=88)
  - B. Alcohol Rehabilitation Unit Personnel (STG034, N=20)
- II. UNIT NCOIC IJT (STG018, N=24)
- III. DEPARTMENT SUPERINTENDENT/SENIOR NCOIC IJT (STG005, N=14)

The AFSC 914X1 personnel forming the cluster and IJTs account for 94 percent of the total survey sample. The other 6 percent, referred to as isolates, did not merge with any of these groups because they perform tasks or sets of tasks that differ from the tasks performed by the identified groups above.

Two tables in this section provide various data about the cluster and IJTs listed. Table 2 displays selected background information, such as DAFSC distributions across each group, average grade, average months in service (i.e., TAFMS), and percent members supervising. For example, Table 2 shows the Mental Health Unit Specialist cluster has 124 members, of which 37 percent are 3-skill level personnel, mostly in paygrades E-3 and E-4, and their average TAFMS is 41 months. Table 3 provides data on the relative time spent on each of the 15 duties across the major job areas. As an example, the Alcohol Rehabilitation Unit Personnel group (STG034) spends 3 percent of their job time performing organizing and planning (Duty A) tasks, and 29 percent of their time involves performing therapy or therapy-related procedures (Duty O).

Also included in this report is an appendix concerning the Mental Health Unit job areas. Appendix A lists tasks commonly performed by members in each of the jobs identified.

#### Job Descriptions

I. MENTAL HEALTH UNIT SPECIALIST CLUSTER (STG020, N=124). The 124 members of this cluster account for 72 percent of the survey sample. Their job encompasses watching patients and recording their observations, performing patient care, participating in patient counseling and therapy, and doing administrative activities. Most of the group is assigned to ATC and MAC units, though 28 members are located at bases overseas. This cluster contains mostly nonsupervisory specialists holding 3- and 5-skill level DAFSCs, with 77 percent in their first-enlistment. Some of the tasks representative of personnel in this cluster include:

- make entries on SF Forms 511 (Medical Record-Vitals Signs Record)
- obtain and record blood pressures
- orient patients to routines
- observe patient's conversation
- attach patient armbands

TABLE 2

## SELECTED BACKGROUND DATA FOR 914X1 CAREER LADDER JOB AREAS

	JOB TYPES					UNIT NCOIC IJT	DEPARTMENT SUPERINTENDENT/ SENIOR NCOIC IJT
	MENTAL HEALTH UNIT CLUSTER	INPATIENT MENTAL HEALTH PERSONNEL	ALCOHOL REHABILITATION UNIT PERSONNEL				
NUMBER IN GROUP	124	88	20			24	14
PERCENT OF TOTAL SAMPLE	72%	51%	12%			14%	8%
PERCENT IN CONUS	73%	76%	50%			58%	79%
DAFSC DISTRIBUTION (PERCENT RESPONDING)							
91431	37%	40%	25%		*	*	*
91451	59%	55%	70%		42%	42%	21%
91471	4%	5%	5%		58%	58%	79%
PREDOMINANT GRADES							
AVERAGE MONTHS IN CAREER LADDER	E3-E4	E3-E4	E4-E5		E5-E6	E6-E7	
AVERAGE MONTHS IN SERVICE	37	33	55		120	170	
PERCENT FIRST ENLISTMENT	41	37	61		139	197	
AVERAGE NUMBER OF TASKS PERFORMED	77%	82%	45%		*	*	
	107	118	95		214	87	
PREDOMINANT MAJCOM ASSIGNMENT							
	ATC/MAC	ATC/MAC	MAC/PACAF		JMMC/ATC	ATC	
SHIFT WORKED (NUMBER RESPONDING):							
DAY	18	13	3		21	14	
EVENING	22	20	2		0	0	
NIGHT	12	9	0		1	0	
ROTATING	72	46	15		2	0	
PERCENT SUPERVISING	18%	17%	30%		96%	86%	

\* Indicates less than 1 percent

TABLE 3

## AVERAGE PERCENT TIME SPENT ON DUTIES BY CAREER LADDER JOB AREAS

DUTIES	MENTAL HEALTH UNIT CLUSTER	JOB TYPES			UNIT NCOIC IJT	DEPARTMENT SUPERINTENDENT/ SENIOR NCOIC IJT
		INPATIENT MENTAL HEALTH PERSONNEL	ALCOHOL REHABILITATION UNIT PERSONNEL			
A. ORGANIZING AND PLANNING	1	1	3		8	19
B. DIRECTING AND IMPLEMENTING	3	3	4		9	21
C. INSPECTING AND EVALUATING	1	1	1		7	19
D. TRAINING	1	1	1		6	11
E. PERFORMING ADMINISTRATIVE FUNCTIONS	22	20	25		18	14
F. PREPARING FOR PATIENT CARE PROCEDURES	3	3	2		3	1
G. PERFORMING PATIENT CARE PROCEDURES	22	23	16		13	4
H. PERFORMING OUTPATIENT CLINICAL CARE	1	1	1		1	*
I. PERFORMING UNIT SERVICES	17	17	16		10	4
J. PERFORMING AEROMEDICAL EVACUATION FUNCTIONS	1	2	1		1	*
K. PERFORMING INDEPENDENT DUTY AND GENERAL ACTIVITIES	1	1	*		1	*
L. PERFORMING FIELD EMERGENCY TREATMENT FUNCTIONS	*	1	*		1	*
M. ASSISTING HEALTH CARE PROVIDERS WITH DIAGNOSTIC PROCEDURES	*	1	*		*	*
N. PROVIDING MEDICAL CRASH AND AIR RESCUE COVERAGE	*	*	*		*	*
O. PERFORMING THERAPY OR THERAPY- RELATED PROCEDURES	27	27	29		21	7

\* Indicates less than 1 percent

NOTE: Columns may not add up to 100 percent due to rounding

make rounds  
stamp addressograph data forms  
conduct individual or one-to-one therapy

Personnel in this cluster have an average of 41 months total active federal military service (TAFMS), they work mostly evening or rotating shifts, and they perform an average of 107 tasks.

There are two distinct jobs within this cluster. The jobs differ according to the functions performed at the different units and the experience levels each job demands. One job identified in this cluster was the INPATIENT MENTAL HEALTH PERSONNEL (STG032, N=88). These 88 members comprise 51 percent of the survey sample and represent the core job within the AFSC 914X1 career ladder. They spend much of their time performing therapy and patient care tasks. They also perform escorting and restraining functions, observe suicidal or elopement risk patients, and place patients in seclusion. Most inpatient personnel are E-3 or E-4 airmen, with 82 percent being in their first enlistment. They average 37 months TAFMS, and 40 percent hold the 3-skill level DAFSC. Half of the group members are assigned to Air Training Command (ATC) or Military Airlift Command (MAC) bases, and 25 percent are stationed at Sheppard AFB TX. They perform an average of 118 tasks, slightly more than the 95 tasks performed by the ALCOHOL REHABILITATION UNIT PERSONNEL (STG034, N=20) group. These specialists normally are required to gain experience in a mental health unit before being assigned to the alcohol rehabilitation center (ARC) units. According to subject-matter experts in the field, experienced mental health personnel are desired for this job because alcoholic patients can often become more difficult to treat than the "usual" mental health patient. The ARC patients are detoxified at the mental health units before being admitted to the ARCs for treatment. ARC personnel indicate they must often counsel their patients in a confronting manner, to force them to realize they have a drinking problem. Making progress is difficult unless the patient understands that a problem exists. Typically, the more experienced personnel (usually 5-skill level DAFSC) are better equipped to handle these types of counseling sessions.

The 20 members working in alcohol rehabilitation are mostly in paygrades E-4 and E-5, have an average of 61 months TAFMS, and less than half (45 percent) are in their first-enlistment. Nine members are assigned to Air Force bases overseas, and seven are MAC resources. In addition to the general patient care duties already mentioned, this group also counsels families of ARC patients, conducts briefings and patient education classes, and fills out patient progress notes. Though they are more experienced on average than the mental health personnel, ARC members spend more job time doing administrative work and less time on patient care.

II. UNIT NCOIC IJT (STG018, N=24). This group of 24 members comprises 14 percent of the survey sample. They hold 5- and 7-skill level DAFSCs, and average 139 months TAFMS. These members are predominantly E-5 and E-6 airmen, and 96 percent indicate they supervise other AFSC 914X1s. Although these NCOICs are involved with therapy and patient care duties (as indicated in



Table 3), they spend 30 percent of their job time performing supervisory tasks (Duties A thru D). These supervisory areas involve counseling subordinates, writing APRs, conducting and evaluating OJT, and establishing schedules and work priorities. Some tasks commonly performed by group members include:

- counsel subordinates
- evaluate OJT trainees
- write APR
- establish work priorities
- observe patient's behavior
- prepare duty schedules
- conduct shift reports
- make rounds
- assist with group therapy

Nine Unit NCOIC personnel are located at ATC and Joint Military Medical Command (JMMC) units, while the others are divided among other CONUS and overseas MAJCOMs. Twenty-one members of the group work the day shift, and the group performs an average of 214 tasks, which is the highest of all the identified groups.

III. DEPARTMENT SUPERINTENDENT/SENIOR NCOIC IJT (STG005, N=14). The 14 members of this group comprise 8 percent of the AFSC 914X1 survey sample. Four members are assigned to Sheppard AFB, three are stationed overseas, and the rest are spread out at key units within the CONUS. These highly experienced NCOs perform a variety of managerial and supervisory-related administrative tasks. Table 3 shows group members spend 84 percent of their job time in these areas (Duty A thru E). Most of these duties involve scheduling, evaluating programs and procedures, counseling subordinates, and budgeting. The other 16 percent of their job time involves therapy and patient care duties, and performing unit services. Some tasks commonly performed are:

- interpret directives for subordinates
- establish requirements for supplies
- draft correspondence
- make inputs to standing operating procedures (SOP)
- draft budget requirements
- evaluate military job descriptions
- determine training requirements

These senior-level members are mostly 7-skill level personnel (79 percent), having an average of 197 months TAFMS. They primarily hold paygrades E-6 and E-7, and 86 percent are currently supervising other career ladder members. All members of this group work day shifts, and they perform an average of 87 tasks on the job. A more complete list of tasks performed by this group can be found in Appendix A.

### Comparison of Specialty Jobs

All of the jobs identified in this survey involved performance of therapy and patient care procedures, unit services, and administrative tasks. The jobs varied according to the type of unit each incumbent was assigned to and the amount of experience each member had in the career ladder.

AFSC 914X1 personnel primarily work in mental health or ARC units. Although there are a lot of similar tasks performed by mental health personnel and ARC specialists, some notable differences were apparent. Mental health personnel are more involved in observing the mental health disorders and suicidal risk tendencies of patients, restraining belligerent patients, and escorting patients. The ARC personnel, on the other hand, are more involved with patient education, family counseling, and they more frequently present briefings. The ARC members generally have more experience, as they are usually selected to work in the ARC units only after serving at mental health units. This experience allows ARC personnel to better apply some of the confrontative counseling techniques that are unique to the ARC job. Examples of difficult tasks performed by ARC personnel include counseling the patient on alcohol rehabilitation programs and counseling the patient's family.

The two IJTs also varied in experience levels. Both groups consisted of NCOICs, with one group having more experience and performing more managerial-related tasks than the other. The Unit NCOICs performed mostly technical tasks, although 30 percent of their job time involved supervision and management. The Department Superintendent/Senior NCOIC members spent 70 percent of their job time in the management duties and averaged 5 more years TAFMS.

### Comparison of Current Survey to Previous Survey

The results of this specialty job analysis were compared to the jobs and tasks of AFSC 914X1 personnel reported in the last OSR published in 1978. In that report, AFSC 914X1 personnel formed one job group (the Mental Health Ward Personnel), with no specific job types identified within. In the present survey, several AFSC 914X1 job groups were identified, specifically the Inpatient Mental Health Personnel, Alcohol Rehabilitation Unit Personnel, and Unit NCOIC groups. In addition, a group of senior-level superintendents and NCOICs was identified which clearly matches that of Mental Health Supervisors in the 1978 survey. These differences in career ladder structures identified in the two studies are more the result of changes in analysis procedures and a more comprehensive job inventory, than actual changes in the field. Overall, the career ladder has remained relatively stable over time.

### ANALYSIS OF DAFSC GROUPS

An analysis of DAFSC groups, in conjunction with the analysis of the career ladder structure, is an important part of each occupational survey. DAFSC analysis identifies similarities and differences in task and duty

performance at the various skill levels. This information may then be used to evaluate how well career ladder documents, such as AFR 39-1 Specialty Descriptions and the Specialty Training Standard (STS), reflect what career ladder personnel are actually doing in the field.

A comparison of the duties and tasks performed across DAFSCs 91431 and 91451, as well as equipment used, indicated minimal differences between the two skill levels. The 5-skill level members spend more time performing supervisory tasks, while the 3-skill level members spend slightly more time performing patient care tasks. Also, there are more 5-skill level personnel in the Alcohol Rehabilitation Unit Personnel and NCOIC specialty jobs. Both DAFSC groups use the same pieces of equipment, although the 5-skill level members handle more electro-convulsive therapy (ECT) equipment, crash carts, intravenous (IV) poles, and oxygen equipment. Since these differences are considered minimal, the two skill-level groups are combined in Table 6, for later comparison with the 7-skill level group.

OSR data clearly show AFSC 914X1 has a somewhat typical career ladder progression pattern as incumbents move from the 3- to the 7-skill level. Personnel at the 3- and 5-skill levels work primarily in a technical job, and most of their time is spent on technical duties. This shifts somewhat at the 7-skill level, with most personnel now performing in a supervisory capacity. However, even at this skill level, 40 percent of their time is still being spent in technical duties. Table 4 displays the distribution of DAFSC group members across specialty jobs, while Table 5 displays time spent by skill-level groups across duties. Further discussion of these data is given below.

#### Skill-Level Descriptions

DAFSC 91431. The 51 airmen in the 3-skill level group (representing 29 percent of the survey sample) performed an average of 94 tasks, with 45 tasks accounting for over 50 percent of their job time. They perform mostly technical tasks, spending 87 percent of their job time performing patient therapy, patient care, administrative functions, and unit services (see Table 5). As shown in Table 4, 90 percent of this group work as Mental Health Unit Specialists, while only 10 percent are Alcohol Rehabilitation Unit Personnel, and none are NCOICs. Group members average 23 months TAFMS and use most of the standard kinds of equipment, such as addressographs, audiovisual equipment, hot-cold packs and heating pads, restraints, scales, and specimen containers. Over half (55 percent) of the group is in Air Training Command (ATC), with 73 percent assigned to Air Force regional hospitals.

DAFSC 91451. The 91 airmen in the 5-skill level group comprise 53 percent of the survey sample. They perform essentially the same technical tasks performed by the 3-skill level personnel, but they also spend more time doing supervisory tasks (see Table 5). Some of these supervisory tasks involve counseling and supervising subordinates, conducting OJT, and taking inventories of supplies. On average, the 5-skill level members perform 124 tasks, with 57 tasks accounting for over 50 percent of their job time. As shown in Table 4, 80 percent of the group work as Mental Health Unit personnel, and 14

TABLE 4

DISTRIBUTION OF DAFSC GROUP MEMBERS ACROSS CAREER LADDER JOB GROUPS  
(AS A PERCENTAGE OF DAFSC GROUPS)\*

JOB GROUPS	DAFSC 91431 (N=51)	DAFSC 91451 (N=91)	DAFSC 91471 (N=31)
I. MENTAL HEALTH UNIT CLUSTER (N=124)	90	80	16
A. INPATIENT MENTAL HEALTH PERSONNEL (N=88)	(69)	(54)	(13)
B. ALCOHOL REHABILITATION UNIT PERSONNEL (N=20)	(10)	(15)	(3)
II. UNIT NCOIC IJT (N=24)	0	11	45
III. DEPT SUPERINTENDENT/SENIOR NCOIC IJT (N=14)	0	3	35
IV. NOT GROUPED (N=11)**	10	5	3

\* Columns may not add up to 100 percent due to rounding

\*\* Those incumbents not grouping in any of the above job groups

( ) Indicates a group within a cluster

TABLE 5  
AVERAGE PERCENT TIME SPENT ON DUTIES BY DAFSC GROUPS

DUTIES	DAFSC 91431 (N=51)	DAFSC 91451 (N=91)	DAFSC 91471 (N=31)
A. ORGANIZING AND PLANNING	1	3	12
B. DIRECTING AND IMPLEMENTING	3	4	14
C. INSPECTING AND EVALUATING	*	2	11
D. TRAINING	1	2	9
E. PERFORMING ADMINISTRATIVE FUNCTIONS	22	21	14
F. PREPARING FOR PATIENT CARE PROCEDURES	3	3	2
G. PERFORMING PATIENT CARE PROCEDURES	23	20	10
H. PERFORMING OUTPATIENT CLINICAL CARE	1	1	1
I. PERFORMING UNIT SERVICES	17	16	7
J. PERFORMING AEROMEDICAL EVACUATION FUNCTIONS	2	1	1
K. PERFORMING INDEPENDENT DUTY AND GENERAL ACTIVITIES	1	1	*
L. PERFORMING FIELD EMERGENCY TREATMENT FUNCTIONS	*	1	1
M. ASSISTING HEALTH CARE PROVIDERS WITH DIAGNOSTIC PROCEDURES	*	*	*
N. PROVIDING MEDICAL CRASH AND AIR RESCUE COVERAGE	*	*	*
O. PERFORMING THERAPY OR THERAPY-RELATED PROCEDURES	25	25	18

\* Indicates less than 1 percent

NOTE: Columns may not add to 100 percent due to rounding

TABLE 6

REPRESENTATIVE TASKS PERFORMED BY DAFSC 91431/91451 AIRMEN  
(PERCENT MEMBERS PERFORMING)

TASKS	DAFSC 91431/ 91451 (N=142)
G327 OBTAIN AND RECORD BLOOD PRESSURES	96
I433 ORIENT PATIENTS TO RULES	96
E137 MAKE ENTRIES ON SF FORMS 511 (MEDICAL RECORD-VITALS SIGNS RECORD)	94
G328 OBTAIN AND RECORD BODY WEIGHTS	94
B35 PARTICIPATE IN STAFF MEETINGS	94
G333 OBTAIN AND RECORD RESPIRATIONS	92
G334 OBTAIN AND RECORD TEMPERATURES	92
G330 OBTAIN AND RECORD HEIGHTS	92
O667 OBSERVE PATIENT'S BEHAVIOR	91
I411 ADMIT AND ORIENT PATIENTS TO UNITS	91
I422 ENFORCE UNIT VISITING POLICIES	89
E157 STUFF PATIENT'S CHARTS WITH BLANK FORMS	88
O680 RECORD OBSERVATIONS ON PATIENT'S BEHAVIOR	88
I425 INSPECT REFRIGERATORS FOR PROPER TEMPERATURE	88
I432 ORIENT PATIENTS TO ROUTINES	88
O636 ASSIST WITH GROUP THERAPY	85
G285 ESTABLISH POSITIVE PATIENT RAPPORT	85
O666 OBSERVE PATIENT'S APPEARANCE, SUCH AS MANNER OF DRESS	85
O679 RECORD OBSERVATIONS ON PATIENT'S APPEARANCE, SUCH AS MANNER OF DRESS	84
G325 OBSERVE SLEEPING HABITS OF PATIENTS	84
G319 OBSERVE AND REPORT EMOTIONAL STATUS OR NEEDS OF PATIENTS	83
G310 MAKE ROUNDS	83
O668 OBSERVE PATIENT'S CONVERSATION	83
G332 OBTAIN AND RECORD RADIAL PULSE	82
E156 STAMP ADDRESSOGRAPH DATA FORMS	82
G681 RECORD OBSERVATIONS ON PATIENT'S CONVERSATION	82
O638 ASSIST WITH RECREATIONAL THERAPY	80
O662 ENCOURAGE PATIENT PARTICIPATION IN ACTIVITIES	80
I420 CONDUCT SHIFT REPORTS	79

percent indicate they are NCOICs. The group averages 58 months TAFMS, and they are evenly distributed across the various using commands. Fifty-eight percent of the group is assigned to Air Force medical centers.

DAFSC 91471. The 7-skill level personnel form a group of 31 members, comprising 18 percent of the survey sample. They perform an average of 145 tasks, with 75 tasks accounting for 50 percent of their job time. Table 4 shows that 80 percent of the 7-skill level members work in the NCOIC jobs, which accounts for 25 of the 38 NCOICs identified. Also, there was one member in the Alcohol Rehabilitation Personnel job and four members working as Inpatient Mental Health Personnel. As shown in Table 5, group members spend the largest percentage of their time performing therapy-related tasks (Duty 0) and supervisory functions (Duties A-D). Higher percentages of 7-skill level members were using resuscitation and suction equipment compared to the other skill-level groups, while usage of other pieces of equipment was about the same. Table 7 displays representative tasks performed by the group, and Table 8 shows differentiating tasks between the 7- and combined 3- and 5-skill level groups.

#### Summary

Career ladder progression for AFSC 914X1 personnel is clearly defined as incumbents move into supervisory positions and higher skill levels. There is a gradual increase in time spent on supervisory tasks between the 3- and 5-skill level DAFSCs, and a sharper increase between the 5- and 7-skill level groups. A trend can also be seen in the usage of more specialized pieces of equipment as the incumbents gain job experience.

#### ANALYSIS OF AFR 39-1 SPECIALTY DESCRIPTIONS

The results of the job structure and skill-level analyses were compared to the AFR 39-1 Specialty Descriptions (dated 1 February 1988) for the Mental Health Unit specialty. Analysis of the specialty description for AFSCs 91431 and 91451 shows the description was well supported in almost all areas. However, two duties are not currently cited in the description. These duties include orienting patients to the mental health unit and participating in nursing care conferences. Air Force classification personnel are recommended to evaluate these duties for possible inclusion in subsequent revisions of AFR 39-1.

A review of the specialty description for AFSC 91471 revealed all aspects of that job are adequately covered. Both the technical and supervisory parts of the job are currently found in the description; therefore, no changes are recommended.

TABLE 7

REPRESENTATIVE TASKS PERFORMED BY DAFSC 91471 AIRMEN  
(PERCENT MEMBERS PERFORMING)

TASKS	DAFSC 91471 (N=31)
B35 PARTICIPATE IN STAFF MEETINGS	97
B23 COUNSEL SUBORDINATES	94
A11 ESTABLISH WORK PRIORITIES	90
B31 INTERPRET DIRECTIVES FOR SUBORDINATES	87
C66 WRITE APR	87
B22 CONDUCT ORIENTATION OF NEWLY ASSIGNED PERSONNEL	87
A12 ESTABLISH WORK PROCEDURES	84
B42 SUPERVISE MENTAL HEALTH UNIT SPECIALISTS (AFSC 91451)	81
A13 MAKE INPUTS TO STANDING OPERATING PROCEDURES (SOP)	81
A10 ESTABLISH REQUIREMENTS FOR SUPPLIES	81
B21 CONDUCT BRIEFINGS	81
B26 DRAFT CORRESPONDENCE	77
C49 EVALUATE COMPLIANCE WITH WORK STANDARDS	77
A6 ESTABLISH PERFORMANCE STANDARDS	77
0667 OBSERVE PATIENT'S BEHAVIOR	77
C60 EVALUATE WORK SCHEDULES	74
A15 PREPARE BRIEFINGS	71
C46 EVALUATE ADMINISTRATIVE PROCEDURES	71
0668 OBSERVE PATIENT'S CONVERSATION	71
D75 DETERMINE TRAINING REQUIREMENTS	71
C47 EVALUATE BUDGET REQUIREMENTS	68
G285 ESTABLISH POSITIVE PATIENT RAPPORT	68
A4 DRAFT BUDGET REQUIREMENTS	65
C51 EVALUATE INSPECTION PROCEDURES	61
0636 ASSIST WITH GROUP THERAPY	61



TABLE 8

TASKS WHICH BEST DIFFERENTIATE BETWEEN DAFSC 91431/91451 AND 91471 AIRMEN  
(PERCENT MEMBERS PERFORMING)

TASKS	DAFSC 91431/ 91451 (N=142)	DAFSC 91471 (N=31)	DIFFERENCE
G325 OBSERVE SLEEPING HABITS OF PATIENTS	84	29	+55
G354 RECORD SLEEPING HABITS OF PATIENTS	72	19	+53
E157 STUFF PATIENT'S CHARTS WITH BLANK FORMS	88	39	+49
0680 RECORD OBSERVATIONS ON PATIENT'S BEHAVIOR	88	55	+33
G330 OBTAIN AND RECORD HEIGHTS	92	61	+31
E156 STAMP ADDRESSOGRAPH DATA FORMS	82	52	+30
I433 ORIENT PATIENTS TO RULES	96	68	+28
G332 OBTAIN AND RECORD RADIAL PULSE	82	55	+27
0679 RECORD OBSERVATIONS ON PATIENT'S APPEARANCE, SUCH AS MANNER OF DRESS	84	58	+26
*****			
B26 DRAFT CORRESPONDENCE	11	77	-66
A6 ESTABLISH PERFORMANCE STANDARDS	11	77	-66
C66 WRITE APR	22	87	-65
C47 EVALUATE BUDGET REQUIREMENTS	6	68	-62
B23 COUNSEL SUBORDINATES	34	94	-60
D75 DETERMINE TRAINING REQUIREMENTS	11	71	-60
A4 DRAFT BUDGET REQUIREMENTS	5	65	-60
A10 ESTABLISH REQUIREMENTS FOR SUPPLIES	23	81	-58
C51 EVALUATE INSPECTION PROCEDURES	6	61	-55

## TRAINING ANALYSIS

Occupational survey data provide one of several sources of information which can be used to make training programs more relevant and meaningful to first-term personnel. Factors useful for evaluating training include the description of the job being performed by first-enlistment members and their overall distribution across career ladder jobs; percentages of first-enlistment (1-48 months TAFMS) personnel performing specific tasks or using certain types of equipment; as well as TE ratings (previously explained in the SURVEY METHODOLOGY section).

To assist in the evaluation of the STS and the Plan of Instruction (POI), technical school personnel from Sheppard Technical Training Center matched tasks from the AFSC 914X1 job inventory to appropriate sections of the STS and POI for Course J3ABR91431-001. This matching process allowed data comparisons to those documents to be made. Computer listings displaying STS and POI matchings, percent members performing tasks, and TE ratings for each task, have been sent to the technical school for review. Some of this information is presented in the pages that follow.

### First-Enlistment Personnel

In this survey, there were 103 members in their first enlistment, representing 60 percent of the survey sample. Small percentages of this group perform some supervisory tasks (Duties A thru D), field emergency treatments (Duty L), and air evacuation functions (Duty J). But, the crux of the job covers the therapy, patient care, and administrative aspects of the career ladder. The group's highest percentage of time is spent performing therapy-related tasks. This involves applying restraints, assisting with and conducting therapy, counseling patients, and observing patient behavior. A list of the more commonly performed tasks is shown in Table 9. Table 10 presents a list of equipment frequently used by many first-enlistment personnel.

The distribution of first-enlistment members across the identified specialty jobs is displayed in Figure 2. Ninety-five percent grouped within the large Mental Health Unit cluster, with most (72 percent) working as Inpatient Mental Health Personnel. Only 9 percent worked in alcohol rehabilitation units. Of the remaining 19 percent of first-enlistment personnel, 14 percent fell in the cluster, but outside the two job types identified, and 5 percent did not group with any cluster, job type, or IJT. None of the first-termers grouped with the NCOIC jobs.

### Training Emphasis Data

Training emphasis (TE) ratings are based on the judgments of experienced career ladder NCOs working in Air Force operational units. These ratings are collected to provide training personnel with a rank ordering of those tasks considered important for first-term airman training. These data, combined with percentages of first-enlistment personnel performing tasks, serve as a

TABLE 9

REPRESENTATIVE TASKS PERFORMED BY DAFSC 914X1 AIRMEN WITH 1-48 MONTHS TAFMS  
(AT LEAST 30 PERCENT MEMBERS PERFORMING)

TASKS	PERCENT MEMBERS PERFORMING (N=103)
G327 OBTAIN AND RECORD BLOOD PRESSURES	97
I433 ORIENT PATIENTS TO RULES	97
E137 MAKE ENTRIES ON SF FORMS 511 (MEDICAL RECORD-VITALS SIGNS RECORD)	97
G328 OBTAIN AND RECORD BODY WEIGHTS	96
G330 OBTAIN AND RECORD HEIGHTS	96
G334 OBTAIN AND RECORD TEMPERATURES	92
G333 OBTAIN AND RECORD RESPIRATIONS	92
B35 PARTICIPATE IN STAFF MEETINGS	92
O667 OBSERVE PATIENT'S BEHAVIOR	91
E157 STUFF PATIENT'S CHARTS WITH BLANK FORMS	90
I425 INSPECT REFRIGERATORS FOR PROPER TEMPERATURE	90
I411 ADMIT AND ORIENT PATIENTS TO UNITS	89
I432 ORIENT PATIENTS TO ROUTINES	89
I422 ENFORCE UNIT VISITING POLICIES	89
O680 RECORD OBSERVATIONS ON PATIENT'S BEHAVIOR	88
G325 OBSERVE SLEEPING HABITS OF PATIENTS	87
G285 ESTABLISH POSITIVE PATIENT RAPPORT	85
O636 ASSIST WITH GROUP THERAPY	85
I413 ATTACH PATIENT ARMBANDS	85
G319 OBSERVE AND REPORT EMOTIONAL STATUS OR NEEDS OF PATIENTS	84
O668 OBSERVE PATIENT'S CONVERSATION	84
G332 OBTAIN AND RECORD RADIAL PULSE	84
E156 STAMP ADDRESSOGRAPH DATA FORMS	84
O666 OBSERVE PATIENT'S APPEARANCE, SUCH AS MANNER OF DRESS	84
O679 RECORD OBSERVATIONS ON PATIENT'S APPEARANCE, SUCH AS MANNER OF DRESS	84
F163 LABEL SPECIMENS	84
O638 ASSIST WITH RECREATIONAL THERAPY	83
O681 RECORD OBSERVATIONS ON PATIENT'S CONVERSATION	82
G310 MAKE ROUNDS	81
O662 ENCOURAGE PATIENT PARTICIPATION IN ACTIVITIES	81
I420 CONDUCT SHIFT REPORTS	80

TABLE 10

EQUIPMENT USED BY AT LEAST 30 PERCENT OF FIRST-ENLISTMENT PERSONNEL  
(1-48 MONTHS TAFMS)

EQUIPMENT USED	PERCENT MEMBERS RESPONDING (N= 103)
STETHOSCOPES	97
THERMOMETERS, ELECTRONIC	94
ADDRESSOGRAPH/STAMP-PLATE MACHINES	92
REFRIGERATORS	91
SPHYGMOMANOMETERS (BLOOD PRESSURE CUFFS)	91
SCALES	88
RESTRAINTS	84
24-HOUR URINE COLLECTION EQUIPMENT	82
SPECIMEN CONTAINERS	81
RECREATIONAL EQUIPMENT	76
TYPEWRITERS	74
SIDE RAIL HOSPITAL BEDS	65
NURSING SERVICE KARDEX	63
WHEELCHAIRS	56
HOT-COLD PACKS	52
SEIZURE STICKS	50
STRETCHERS, WHEELED	49
TREATMENT TABLES	49
AUDIOVISUAL EQUIPMENT	46
HEATING PADS	46
ICE MACHINES	46
AMBULANCES	38
CARDIAC ARREST TREATMENT CARTS (CRASH CART)	34
MEDICATION CARTS	30

**914X1 FIRST TERM DISTRIBUTION  
ACROSS SPECIALTY JOBS**

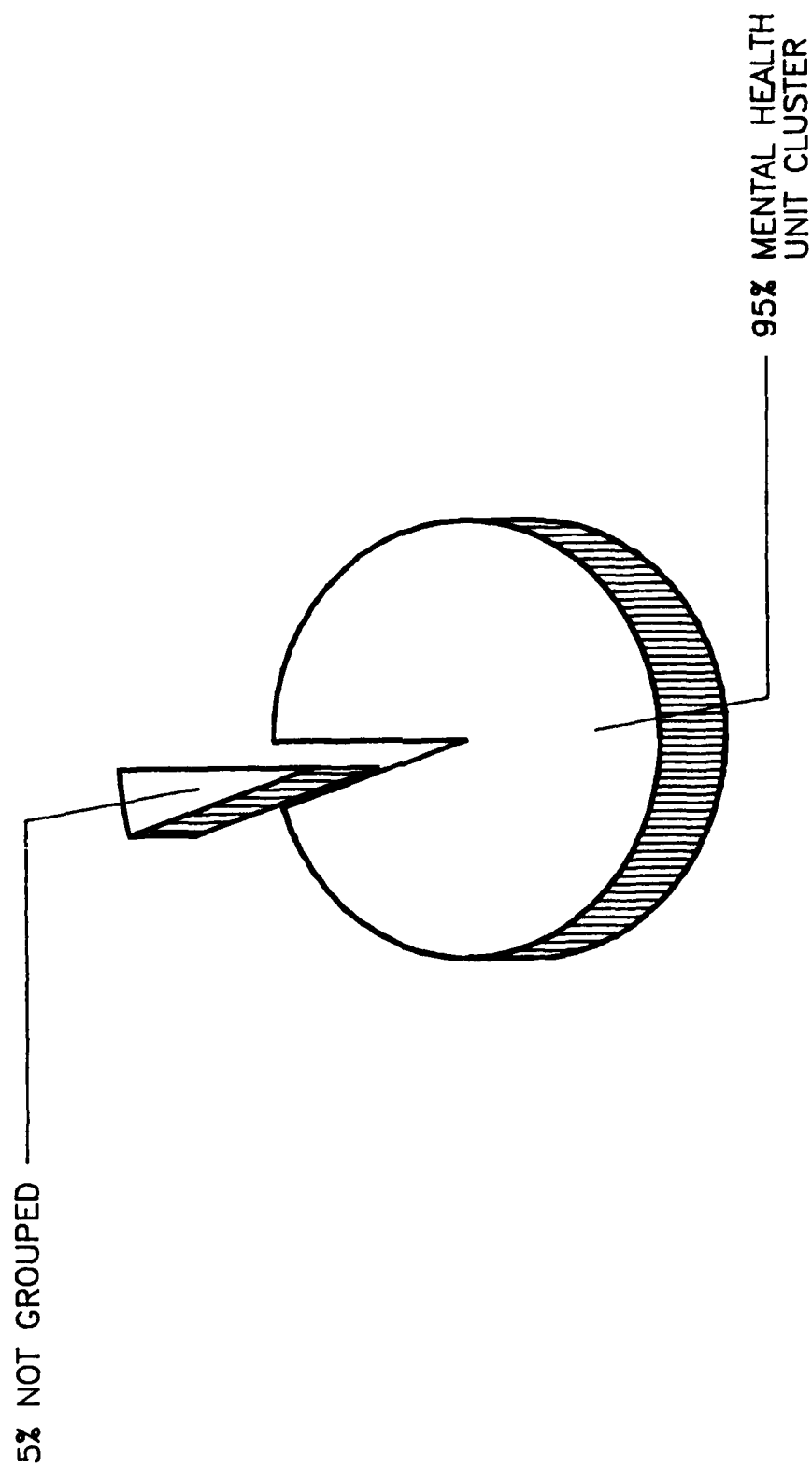


Figure 2

factor in determining whether training adjustments should be made. For example, if a task has received high TE and also has a high percentage of first-term members performing, then strong recommendations can be made to emphasize training that task. For a more complete description of these ratings, see the Task Factor Administration section in SURVEY METHODOLOGY.

In this survey, the TE ratings were assessed through the responses of 48 experienced career ladder NCOs. These ratings provided a rank-ordering of tasks from high degree of TE to no training required. The average emphasis rating was 1.90, with a standard deviation of 1.96, so tasks receiving ratings above 3.86 were considered to require high emphasis in training.

The tasks with the highest TE ratings involved observing and restraining patients, obtaining vital-signs data, assisting with therapy, and making entries on records. A complete listing of the highest TE rated tasks is found in Table 11. Most of these tasks were performed by high numbers of first-job and first-enlistment personnel.

#### Specialty Training Standard (STS)

A comprehensive review of STS 914X1, dated April 1987, allowed STS items to be compared with survey data. The review was made with the assistance of the previously mentioned Technical Training personnel from Sheppard AFB. STS paragraphs and subparagraphs containing subject-matter knowledge or general knowledge requirements were not evaluated.

The normal criterion for inclusion of STS items is that tasks matched to the STS item be performed by at least 20 percent of the first-job, first-enlistment, 5-skill level, or 7-skill level DAFSC personnel. Based upon this criterion, the STS provides excellent coverage of the work performed by personnel in the field. However, a few exceptions were noted.

Table 12 lists those STS elements that have inventory tasks matched to them with less than 20 percent members performing the tasks. In most cases, the matched tasks have less than 13 percent performing. These unsupported STS items, therefore, should be seriously considered for deletion from the STS. However, in making such a decision, several factors should be considered. Discussion of these elements with AFSC 914X1 subject-matter experts brought up two important facts. First, task criticality may require some of these elements to be retained in the STS. Second, AFSC 914X1 personnel must sometimes be required to perform tasks normally accomplished by other medical personnel. For example, administering enemas may reflect low percentages performing, but AFSC 914X1 personnel are occasionally the only medical personnel available to do it. Therefore, several of these unsupported STS items may be justified for retention in the STS. Career ladder personnel should look closely at each unsupported element and, based on criticality or other factors, decide if the element should be retained.

Several areas of the AFSC 914X1 STS were also identified for review of 3-skill level proficiency coding by training personnel and subject-matter experts. Table 13 displays some of the data regarding these STS elements.

TABLE 11

## TASKS RATED HIGHEST IN TRAINING EMPHASIS (TE)

TASKS	TNG EMPH*	PERCENT MEMBERS PERFORMING	
		1ST JOB (N=46)	1ST ENL (N=103)
0675 PERFORM PHYSICAL RESTRAINTS ON PATIENTS	7.98	67	68
0677 PLACE PATIENTS IN SECLUSION	7.58	80	77
0667 OBSERVE PATIENT'S BEHAVIOR	7.42	89	91
0673 PERFORM CONSTANT, ONE-TO-ONE, OBSERVATION OF ELOPEMENT RISK PATIENTS	7.33	74	71
E137 MAKE ENTRIES ON SF FORMS 511 (MEDICAL RECORD-VITALS SIGNS RECORD)	7.31	93	97
G285 ESTABLISH POSITIVE PATIENT RAPPORT	7.27	85	85
0668 OBSERVE PATIENT'S CONVERSATION	7.23	76	83
0674 PERFORM CONSTANT, ONE-TO-ONE, OBSERVATION OF SUICIDE RISK PATIENTS	7.23	76	73
G327 OBTAIN AND RECORD BLOOD PRESSURES	7.19	96	97
G636 ASSIST WITH GROUP THERAPY	7.13	85	85
0680 RECORD OBSERVATIONS ON PATIENT'S BEHAVIOR	7.08	87	88
0681 RECORD OBSERVATIONS ON PATIENT'S CONVERSATION	7.00	76	82
0666 OBSERVE PATIENT'S APPEARANCE, SUCH AS MANNER OF DRESS	6.96	76	83
E131 MAKE ENTRIES ON RESTRAINT AND SECLUSION RECORDS	6.90	80	72
I411 ADMIT AND ORIENT PATIENTS TO UNITS	6.69	85	89
G334 OBTAIN AND RECORD TEMPERATURES	6.67	93	92
G328 OBTAIN AND RECORD BODY WEIGHTS	6.58	96	96
G332 OBTAIN AND RECORD RADIAL PULSE	6.58	83	84
G333 OBTAIN AND RECORD RESPIRATIONS	6.56	93	92
G298 IDENTIFY PROBLEMS AND NEEDS OF PATIENTS	6.48	61	59
0636 ASSIST WITH RECREATIONAL THERAPY	6.48	40	88
G319 OBSERVE AND REPORT EMOTIONAL STATUS OR NEEDS OF PATIENTS	6.44	100	88
0665 MONITOR PATIENT GOVERNMENT PROCEEDINGS	6.40	40	88

\* Training Emphasis (TE) has an average of 1.9 and a Standard Deviation of 1.96

TABLE 12

STS PERFORMANCE ELEMENTS REFLECTING  
LOW PERCENT MEMBERS PERFORMING TASKS  
(LESS THAN 20 PERCENT MEMBERS PERFORMING)

STS ELEMENTS	TASKS	PERCENT MEMBERS PERFORMING					TNG EMPH*
		FIRST JOB (N=46)	FIRST ENLIST (N=103)	DAFSC 91451 (N=91)	DAFSC 91471 (N=31)		
0066 8e(2).	SURGICAL ASEPSIS						
	G309 MAINTAIN STERILE FIELDS	9	11	13	16	2.98	
0077 8f(8).	ADMINISTER ENEMA						
	G231 ADMINISTER ENEMAS	4	2	9	10	2.17	
	G305 INSTRUCT PATIENTS IN USE OF ENEMA KITS	2	4	13	6	1.92	
	F173 PREPARE ENEMAS	2	4	11	6	1.77	
0082 8g(4).	RESPIRATORY DISORDERS						
	G292 IDENTIFY AND CARE FOR RESPIRATORY DISTRESS	0	5	7	3	1.85	
	H379 IDENTIFY SIGNS AND SYMPTOMS OF ALLERGIC RHINITIS	0	0	2	0	.77	
	G270 ASSIST PATIENTS WITH POSTURAL DRAINAGES	0	0	2	3	.35	

\* Training Emphasis (TE) has an average of 1.9 and a Standard Deviation of 1.96 (High TE = 3.86)



TABLE 12 (CONTINUED)

STS PERFORMANCE ELEMENTS REFLECTING  
LOW PERCENT MEMBERS PERFORMING TASKS  
(LESS THAN 20 PERCENT MEMBERS PERFORMING)

STS ELEMENTS	TASKS	PERCENT MEMBERS PERFORMING				TNG EMPH*
		FIRST JOB (N=46)	FIRST ENLIST (N=103)	DAFSC 91451 (N=91)	DAFSC 91471 (N=31)	
0110 10d(4).	ADMINISTER MEDICATION UNDER THE SUPERVISION OF A NURSE/PHYSICIAN					
	E110 MAKE ENTRIES ON AF FORMS 1405 (MEDICINE CARD)	2	7	12	10	1.60
0200 14h(5)(d).	DISCHARGES AGAINST MEDICAL ADVICE					
	E155 SIGN AGAINST MEDICAL ADVICE (AMA) RELEASE FORMS FOR MILITARY DEPENDENTS	4	7	13	19	2.25
	K469 BRIEF PERSONNEL ON AVAILABILITY OF CIVILIAN MEDICAL CARE	0	3	7	6	.71
	K477 CONSULT OR COORDINATE TREATMENT WITH CIVILIAN PHYSICIANS	2	4	3	3	.52

\* Training Emphasis (TE) has an average of 1.9 and a Standard Deviation of 1.96 (High TE = 3.86)

TABLE 13

## STS ELEMENTS REQUIRING REVIEW OF 3-SKILL LEVEL PROFICIENCY CODES

STS ELEMENT (WITH SELECTED SAMPLE TASKS)	PROF CODE	PERCENT MEMBERS PERFORMING		TE RATING*
		1ST JOB (N=46)	1ST ENL (N=103)	
0062 8d(3). ADMINISTER A BEDPAN/URINAL				
G226 ADMINISTER BEDPANS OR URINALS	2b	33	37	3.75
G359 TURN PATIENTS MANUALLY		9	10	2.90
0068 8e(4). APPLY STERILE DRESSINGS				
G276 CHANGE DRESSINGS	1a	22	25	3.29
G309 MAINTAIN STERILE FIELDS		9	11	2.92
H368 APPLY STERILE FIELDS		11	10	2.60
G264 APPLY TAPE OR NONELASTIC BANDAGES		15	18	2.52
0071 8f(2). TEST URINE FOR SUGAR AND ACETONE				
M581 PERFORM URINE TEST FOR SUGAR AND ACETONE	b	9	15	3.42
D68 ADMINISTER TESTS		2	6	1.00
0184 14e. MAINTAIN UNIT STATUS BOARD				
E130 MAKE ENTRIES ON PATIENT CENSUS STATUS BOARDS	a	80	83	6.17
E159 UPDATE PATIENT SIGN IN-OUT BOARDS		72	72	5.58

\* Mean TE rating is 1.90 and standard deviation is 1.96 (High TE = 3.86)

TABLE 13 (CONTINUED)

## STS ELEMENTS REQUIRING REVIEW OF 3-SKILL LEVEL PROFICIENCY CODES

STS ELEMENT (WITH SELECTED SAMPLE TASKS)	PROF CODE	PERCENT MEMBERS PERFORMING		TE RATING*
		1ST JOB (N=46)	1ST ENL (N=103)	
0190 14h(1). RETURN TO DUTY				
E119 MAKE ENTRIES ON AF FORMS 577 (PATIENT'S CLEARANCE RECORD)	A	41	51	5.60
0195 14h(4). ABSENT WITHOUT OFFICIAL LEAVE (AWOL)				
E118 MAKE ENTRIES ON AF FORMS 569 (PATIENT'S ABSENCE RECORD)	A	24	32	5.10

\* Mean TE rating is 1.90 and standard deviation is 1.96 (High TE=3.86)

Item 8d(3), Administer a Bedpan/Urinal, is coded "2b" for both task knowledge and performance. However, the percent members performing data indicate task knowledge may be more appropriate. Item 8e(4), Apply Sterile Dressings, is currently coded "1a". This item also has low percent members performing data and average TE for supporting tasks. These factors indicate this item may be more appropriately coded as knowledge only. Item 8f(2), Test Urine for Sugar and Acetone, presently has a "b" code, though the data indicate this item should be dashed and trained through OJT. Item 14e, Maintain Unit Status Board, is currently coded "a" for task knowledge only, but the high percent members performing and TE data also support a task performance code. Items 14h(1) and 14h(4) are coded "A" for subject knowledge, though the data supports task knowledge requirements for both. All of these items are recommended for careful review by technical training personnel.

Table 14 displays those tasks not matched to the STS which have better than 20 percent members performing them. Also, the TE column reflects high TE for more than half of these tasks. The high ratings for these unreferenced tasks indicate they should be included in the STS. These tasks may already fit under an STS paragraph but simply were not referenced to one, or they may be functions not currently reflected in any STS element. The data indicates a review of the STS is necessary, for the possible inclusion of these tasks in the next STS revision.

#### Plan of Instruction (POI)

The POI for Course J3ABR91431-001, dated 28 August 1987, was reviewed with the assistance of the technical school personnel at Sheppard AFB who reviewed the STS. Job inventory tasks were matched to the POI to provide data on training emphasis and percent first-job and first-enlistment personnel performing tasks. In accordance with ATCR 52-22, and for cost-effectiveness reasons, if the probability of first-enlistment performance for a POI objective falls below 30 percent, then that objective should not be taught in a resident training course without further justification. A review of the tasks matched to the POI indicated that most POI blocks and units of instruction had some tasks with supporting percent members performing data. The TE ratings for many supporting tasks were also high.

Analysis showed eight POI blocks not supported by survey data. Table 15 displays those POI blocks that have less than 30 percent members performing tasks for first-job and first-enlistment personnel. These objectives are listed below:

- I 6b. Identify basic facts concerning preoperative and postoperative care.
- I 7a. Identify basic facts applicable to the Personnel Reliability Program.
- II 1c. Using surgical aseptic technique, apply a sterile dressing IAW Basic Nursing.

TABLE 14

TASKS WITH MORE THAN 20 PERCENT MEMBERS PERFORMING NOT MATCHED TO STS ELEMENTS  
(PERCENT MEMBERS PERFORMING)

TASKS	TNG EMPH*	PERCENT MEMBERS PERFORMING		
		1ST ENL	DAFSC 91451	DAFSC 91471
0638 ASSIST WITH RECREATIONAL THERAPY	6.48	83	80	61
1420 CONDUCT SHIFT REPORTS	5.94	80	79	55
1415 CHECK PATIENT'S PERSONAL BELONGINGS FOR UNAUTHORIZED ITEMS	5.88	79	78	58
1422 ENFORCE UNIT VISITING POLICIES	5.67	89	89	74
0663 INSTRUCT PATIENTS IN RELAXATION THERAPY TECHNIQUES	5.04	43	45	32
1429 MONITOR PATIENT USE OF TELEPHONE	4.75	75	81	61
E117 MAKE ENTRIES ON AF FORMS 560 (AUTHORIZATION AND TREATMENT STATEMENT)	4.25	47	65	52
E158 THIN EXCESS NOTES FROM PATIENT'S CHARTS	4.15	50	46	13
F161 INSPECT AND RESTOCK EMERGENCY CARTS (CRASH CARTS)	3.94	21	31	29
E103 MAINTAIN FACILITY FORMS LEVELS	3.63	21	35	48
E101 EXPLAIN DD FORMS 2005 (PRIVACY ACT STATEMENT-HEALTH CARE RECORDS) TO PATIENTS	3.60	32	38	32
0652 COUNSEL ALCOHOL REHABILITATION CENTER (ARC) PATIENT FAMILIES	3.42	11	18	29
E151 PREPARE DAILY PATIENT COUNT STATISTICS	3.35	40	45	45
E133 MAKE ENTRIES ON SF FORMS 504 AND 505 (CLINICAL RECORD-HISTORY (PARTS 1-3))	3.29	20	22	23
N608 PERFORM HAND OR LITTER CARRIES	3.04	21	19	23
J467 UNLOAD LITTERS FROM BUSES	3.00	22	21	26

\* Training Emphasis (TE) has an average of 1.9 and a Standard Deviation of 1.96

TABLE 15

TASKS REFERENCED TO POI WITH LESS THAN 30% MEMBERS PERFORMING

TASK	TE	1ST JOB	1ST ENL
I 6b. IDENTIFY BASIC FACTS CONCERNING PREOPERATIVE AND POSTOPERATIVE CARE.			
G353 RECORD CONDITION OF PATIENTS RECOVERING FROM GENERAL ANESTHESIA, OTHER THAN ECT	.71	4	3
G346 PERFORM POSTOPERATIVE CARE	.46	7	3
G270 ASSIST PATIENTS WITH POSTURAL DRAINAGES	.35	0	0
G291 IDENTIFY AND CARE FOR POSTOPERATIVE HEMORRHAGES	.06	0	0
I 7a. IDENTIFY BASIC FACTS APPLICABLE TO THE PERSONNEL RELIABILITY PROGRAM.			
E98 COMPLETE AF FORMS 745 (SENSITIVE DUTIES PROGRAM RECORD IDENTIFIER)	.52	7	5
II 1c. USING SURGICAL ASEPTIC TECHNIQUE, APPLY A STERILE DRESSING IAW BASIC NURSING.			
G276 CHANGE DRESSINGS	3.29	22	25
G309 MAINTAIN STERILE FIELDS	2.98	9	11
H368 APPLY STERILE DRESSINGS	2.60	11	10
G264 APPLY TAPE OR NONELASTIC BANDAGES	2.52	15	18
II 2h. GIVEN A SIMULATED PATIENT, PERFORM SEIZURE PRECAUTIONS IAW LIPPINCOTT MANUAL OF NURSING PRACTICE.			
G351 PLACE TONGUE DEPRESSORS IN SEIZURE PATIENT'S	4.79	11	12
G358 TIME SEIZURES	4.35	7	8
G356 ROLL SEIZURE PATIENTS ON SIDES	3.73	4	7
G359 TURN PATIENTS MANUALLY	2.90	9	10

TABLE 15 (CONTINUED)

TASKS REFERENCED TO POI WITH LESS THAN 30% MEMBERS PERFORMING

TASK	TE	1ST JOB	1ST ENL
II 3a. USING APPROPRIATE TRAINING AIDS, PERFORM BASIC CARDIAC LIFE SUPPORT IAW THE AMERICAN HEART ASSOCIATION CRITERIA.			
G339 PERFORM CARDIOPULMONARY RESUSCITATION (CPR)	5.75	4	6
G359 TURN PATIENTS MANUALLY	2.90	9	10
G294 IDENTIFY AND INITIATE EMERGENCY TREATMENT FOR LOCAL REACTIONS	2.46	4	6
G297 IDENTIFY CARDIAC ARRHYTHMIAS	1.08	0	0
III 8e. GIVEN AN ORAL MEDICATION ORDER AND THE NECESSARY SUPPLIES UNDER THE SUPERVISION OF AN INSTRUCTOR, ACCURATELY AND SAFELY PREPARE AND SIMULATE ADMINISTERING ORAL MEDICATIONS.			
G268 ASSIST IN ADMINISTERING ORAL MEDICATIONS	5.06	26	26
F183 PREPARE ORAL MEDICATIONS UNDER SUPERVISION	4.77	7	8
G240 ADMINISTER ORAL MEDICATIONS	4.35	9	9
G278 DISPENSE MEDICATIONS	3.90	4	11
E150 PLACE AF FORMS 1405 (MEDICINE CARD) IN HOLDER	2.81	13	22
III 8f. GIVEN A PARENTERAL MEDICATION ORDER AND THE NECESSARY SUPPLIES UNDER THE SUPERVISION OF AN INSTRUCTOR, ACCURATELY AND SAFELY PREPARE AND ADMINISTER AN INTRAMUSCULAR INJECTION TO A SIMULATED PATIENT, IAW BASIC NURSING.			
G266 ASSIST IN ADMINISTERING CHEMICAL RESTRAINT MEDICATIONS	4.69	17	18
G278 DISPENSE MEDICATIONS	3.90	4	11
G237 ADMINISTER INTRAMUSCULAR INJECTIONS	2.38	0	2
III 8g. GIVEN A TOPICAL MEDICATION ORDER, THE NECESSARY SUPPLIES AND A SIMULATED PATIENT, CORRECTLY APPLY THE MEDICATION, IAW BASIC NURSING.			
G278 DISPENSE MEDICATIONS	3.90	4	11
G261 APPLY SKIN MEDICATIONS, SUCH AS SALVES OR OINTMENTS	3.38	13	16
G245 ADMINISTER TOPICAL MEDICATIONS	2.08	4	7
G243 ADMINISTER SUPPOSITORIES	1.48	2	3
F197 PREPARE RECTAL MEDICATIONS	.79	0	0
F200 PREPARE VAGINAL MEDICATIONS	.13	2	1

\* Mean TE rating is 1.90 and standard deviation is 1.96 (High TE = 3.86)

- II 2h. Given a simulated patient, perform seizure precautions IAW Lippincott Manual of Nursing Practice.
- II 3a. Using appropriate training aids, perform Basic Cardiac Life Support IAW the American Heart Association criteria.
- III 8e. Given an oral medication order and necessary supplies, under supervision of an instructor, accurately and safely prepare and simulate administering oral medications.
- III 8f. Given a parenteral medication order and the necessary supplies under the supervision of an instructor, accurately and safely prepare and administer an intramuscular injection to a simulated patient, IAW Basic Nursing.
- III 8g. Given a topical medication order, the necessary supplies and a simulated patient, correctly apply the medication, IAW Basic Nursing.

These blocks involve preoperative and postoperative care, life support, administering medication, application of medicine and bandages, and facts concerning the Personnel Reliability Program.

Further review of the data revealed several tasks not referenced to the POI having more than 30 percent members performing values and high TE ratings. Some of these tasks are:

- conduct shift reports
- update patients sign in-out boards
- document treatment on local forms
- schedule patient's appointments
- conduct group therapy
- make entries on patient admission logs
- conduct patient education classes

The combination of high TE and percent members performing factors, suggests these tasks should be considered for inclusion in formal school training. A more comprehensive list of these unreferenced tasks can be found in Table 16.



TABLE 16

TASKS NOT REFERENCED TO POI WITH GREATER THAN 30% MEMBERS PERFORMING

TASKS	TNG EMPH*	1ST JOB	1ST ENL
I420 CONDUCT SHIFT REPORTS	5.94	70	80
E159 UPDATE PATIENT SIGN IN-OUT BOARDS	5.58	72	72
E153 REVIEW PATIENT RECORDS FOR COMPLETENESS	5.50	54	61
G283 ESCORT MENTAL HEALTH PATIENTS BETWEEN HOSPITALS	5.44	61	54
E100 DOCUMENT TREATMENT ON LOCAL FORMS	5.27	48	51
G279 DISPOSE OF CONTAMINATED MATERIAL	5.13	30	32
O663 INSTRUCT PATIENTS IN RELAXATION THERAPY TECHNIQUES	5.04	37	43
O644 CONDUCT PATIENT EDUCATION CLASSES	4.85	20	34
E92 ASSEMBLE TEMPORARY DUTY RETIREMENT LIST (TDRL) ADMISSION PACKS	4.50	33	26
E90 ASSEMBLE ALCOHOL REHABILITATION CENTER (ARC) ADMISSION PACKS	4.46	20	30
I425 INSPECT REFRIGERATORS FOR PROPER TEMPERATURE	4.46	93	90
E154 SCHEDULE PATIENT'S APPOINTMENTS	4.38	52	55
O641 CONDUCT GROUP THERAPY	4.33	33	45
E120 MAKE ENTRIES ON AF FORMS 581 (MEDICAL LINEN SUPPLY RECORD)	4.27	67	53
E117 MAKE ENTRIES ON AF FORMS 560 (AUTHORIZATION AND TREATMENT STATEMENT)	4.25	30	47
I410 ADJUST REFRIGERATORS FOR PROPER TEMPERATURE	4.21	61	65
I424 INSPECT OXYGEN TANKS FOR PROPER PRESSURE	4.21	43	36
E129 MAKE ENTRIES ON PATIENT ADMISSION LOGS	4.08	72	65
I418 CLEAN TREATMENT AREAS	4.06	57	54
I436 PREPARE PATIENT ARMBANDS	3.96	54	69

\* Mean TE rating is 1.90 and standard deviation is 1.96 (High TE = 3.86)

## JOB SATISFACTION ANALYSIS

An important part of the OSR process involves the analysis of job satisfaction data. These data can be used by career ladder managers to gain a better understanding of those factors affecting job performance of AFSC 914X1 personnel. This survey compared job satisfaction indicators on three levels. Table 17 displays job satisfaction indicators for AFSC 914X1 TAFMS groups and a comparative sample of other medical career ladders surveyed in 1987. Table 18 compares the expressed job interest, utilization of talents and training, and reenlistment intentions for the current survey and the previous survey done in 1978. And finally, job satisfaction data for the identified jobs are shown in Table 19.

Overall, these tables reflect good job satisfaction within the AFSC 914X1 career ladder. There is a trend toward greater satisfaction as career ladder members gain experience and job responsibilities. When compared to a comparative sample of medical career ladders surveyed in 1987, AFSC 914X1 personnel reflect lower job satisfaction for first-enlistment personnel, but equal or higher satisfaction for more senior groups (see Table 17). A comparison of data with the 1978 survey showed an increase in positive responses for most groups. The job interest of current first-enlistment members is somewhat lower than that shown for the 1978 first-enlistment group, but the reenlistment figures show improvement since the last survey (see Table 18). Job satisfaction data found in Table 19 reflects very high satisfaction for the Mental Health NCOIC jobs and good satisfaction for the other specialty jobs. Overall, the Unit NCOIC members expressed the highest job satisfaction.

One interesting trend was noted when examining job satisfaction data for the first-enlistment group. Table 17 reflects poor reenlistment intentions for current first-enlistment personnel, compared to other medical specialties. Table 18 indicates some improvement in first-enlistment retention compared to the previous survey, but the attrition rate remains high. The reenlistment intentions were also low for the Inpatient Mental Health Personnel specialty job group. Table 19 indicates only 56 percent of this group plans to reenlist. However, 82 percent of the inpatient group are first-enlistment members (as shown in Table 2), which suggests the low reenlistment rate for this group is more a reflection of first-enlistment dissatisfaction, rather than dissatisfaction with the inpatient job itself.

Career ladder managers have suggested that recent restrictions placed on career job reservation (CJR) requirements for the first-enlistment personnel may be impacting negatively on the first-term reenlistment indicators. The present CJR requirements restrict the number of slots available for first-enlistment reassignment, which forces those first-term members not reassigned to leave the Mental Health career ladder. This survey data confirms that a large percentage of first-termers are deciding to leave the Air Force rather than cross-train into other career areas. Except for these first-enlistment reenlist figures, the overall favorable job satisfaction responses indicate that AFSC 914X1 personnel like their work.

TABLE 17

COMPARISON OF JOB SATISFACTION INDICATORS FOR 914X1 AND COMPARATIVE  
SAMPLE GROUP  
(PERCENT MEMBERS RESPONDING)\*

	1-48 MOS TAFMS		49-96 MOS TAFMS		97+ MOS TAFMS	
	1987 (N=103)	COMP SAMPLE** (N=618)	1987 (N=32)	COMP SAMPLE** (N=181)	1987 (N=38)	COMP SAMPLE** (N=375)
<u>EXPRESSED JOB INTEREST:</u>						
INTERESTING	76	86	84	79	87	76
SO-SO	14	9	13	14	13	15
DULL	11	4	3	5	0	7
<u>PERCEIVED UTILIZATION OF TALENTS:</u>						
FAIRLY WELL TO PERFECTLY	79	87	84	83	87	82
LITTLE OR NOT AT ALL	21	12	16	17	13	18
<u>PERCEIVED UTILIZATION OF TRAINING:</u>						
FAIRLY WELL TO PERFECTLY	84	90	84	83	92	82
LITTLE OR NOT AT ALL	16	9	16	17	8	18
<u>SENSE OF ACCOMPLISHMENT:</u>						
SATISFIED	74	77	75	72	79	65
NEUTRAL	7	9	9	7	5	10
DISSATISFIED	19	13	16	19	16	25
<u>REENLISTMENT INTENTIONS:</u>						
YES, OR PROBABLY YES	50	60	72	67	82	70
NO, OR PROBABLY NO	49	38	28	32	0	9
PLAN TO RETIRE	0	0	0	0	18	19

\* Columns may not add up to 100 percent due to rounding

\*\* Comparative sample of Medical career ladders surveyed in 1987 (Includes AFSCs 902X2, 912X5/A, and 919X0)

TABLE 18

COMPARISON OF JOB SATISFACTION INDICATORS FOR CURRENT SURVEY  
AND 1978 SURVEY ACROSS TAFMS GROUPS  
(PERCENT MEMBERS RESPONDING)\*

	1-48 MOS TAFMS		49-96 MOS TAFMS		97+ MOS TAFMS	
	1987 (N=103)	1978 (N=132)	1987 (N=32)	1978 (N=34)	1987 (N=38)	1978 (N=27)
<u>EXPRESSED JOB INTEREST:</u>						
INTERESTING	76	87	84	77	87	67
SO-SO	14	9	13	12	13	19
DULL	11	4	3	9	0	15
<u>PERCEIVED UTILIZATION OF TALENTS:</u>						
FAIRLY WELL TO PERFECTLY	79	79	84	77	87	78
LITTLE OR NOT AT ALL	21	20	16	23	13	22
<u>PERCEIVED UTILIZATION OF TRAINING:</u>						
FAIRLY WELL TO PERFECTLY	84	82	84	85	92	78
LITTLE OR NOT AT ALL	16	18	16	15	8	22
<u>REENLISTMENT INTENTIONS:</u>						
YES, OR PROBABLY YES	50	37	72	65	82	85
NO, OR PROBABLY NO	49	62	28	36	0	15
PLAN TO RETIRE	0	**	0	**	18	**

\* Columns may not add up to 100 percent due to rounding

\*\* Data was not collected on the retirement plans of those personnel surveyed in 1978

TABLE 19

JOB SATISFACTION DATA FOR CLUSTERS AND INDEPENDENT JOB TYPES  
(PERCENT MEMBERS RESPONDING)\*

	JOB TYPES				
	MENTAL HEALTH UNIT CLUSTER (N=124)	INPATIENT MENTAL HEALTH PERSONNEL (N=88)	ALCOHOL REHABILITATION UNIT PERSONNEL (N=20)	UNIT NCOIC IJT (N=24)	DEPT SUPT/SENIOR NCOIC IJT (N=14)
EXPRESSED JOB INTEREST:					
INTERESTING	76	78	70	96	86
SO-SO	16	16	20	4	7
DULL	8	6	10	**	7
PERCEIVED UTILIZATION OF TALENTS:					
FAIRLY WELL TO PERFECTLY	79	86	85	96	86
LITTLE OR NOT AT ALL	21	19	15	4	14
PERCEIVED UTILIZATION OF TRAINING:					
FAIRLY WELL TO PERFECTLY	85	85	85	96	93
LITTLE OR NOT AT ALL	15	15	15	4	7
REENLISTMENT INTENTIONS:					
YES, OR PROBABLY YES	56	56	70	75	64
NO, OR PROBABLY NO	42	43	30	12	7
PLAN TO RETIRE	**	1	**	13	29

\* Columns may not add up to 100 percent due to rounding or a lack of response

\*\* Indicates less than 1 percent of members responding

## IMPLICATIONS

The current Mental Health Unit career ladder is relatively stable, having changed very little in tasks and jobs performed since the last survey in 1978. Job satisfaction has remained good, with only the first-enlistment group presenting a negative trend. The AFR 39-1 Specialty Descriptions are well written, and only minor changes are recommended.

Analysis of both the STS and POI revealed several items not supported by survey data. AFSC 914X1 subject-matter experts indicated that some unsupported items may be justified for retention in the training documents because they are critical activities performed by mental health personnel. Other items may be considered for retention because AFSC 914X1 specialists occasionally perform them when other medical personnel are not available to get them done. These factors, along with survey data, should be carefully considered when reviewing these items. There were also some tasks not matched to the STS and POI, which were well supported by survey data, suggesting they should be included in subsequent revisions of the training documents.

With the proposed merger of this AFSC with the Mental Health Clinic career ladder (AFSC 914X0), the data collected by this survey should be extremely useful in delineating Mental Health Unit functions with the newly created AFSC. The data can also facilitate building new AFR 39-1 Specialty Descriptions, an STS, and a training program for the new career ladder.

APPENDIX A

SELECTED REPRESENTATIVE TASKS PERFORMED BY  
CAREER LADDER STRUCTURE GROUPS

TABLE A1

REPRESENTATIVE TASKS PERFORMED BY  
MENTAL HEALTH UNIT CLUSTER PERSONNEL  
(STG020, N=124)

TASKS	PERCENT MEMBERS PERFORMING
E137 MAKE ENTRIES ON SF FORMS 511 (MEDICAL RECORD-VITALS SIGNS RECORD)	100
G327 OBTAIN AND RECORD BLOOD PRESSURES	98
I433 ORIENT PATIENTS TO RULES	98
G328 OBTAIN AND RECORD BODY WEIGHTS	97
G330 OBTAIN AND RECORD HEIGHTS	97
0667 OBSERVE PATIENT'S BEHAVIOR	96
G334 OBTAIN AND RECORD TEMPERATURES	94
G333 OBTAIN AND RECORD RESPIRATIONS	94
I422 ENFORCE UNIT VISITING POLICIES	94
B035 PARTICIPATE IN STAFF MEETINGS	94
0680 RECORD OBSERVATIONS ON PATIENT'S BEHAVIOR	93
E157 STUFF PATIENT'S CHARTS WITH BLANK FORMS	93
I411 ADMIT AND ORIENT PATIENTS TO UNITS	93
I432 ORIENT PATIENTS TO ROUTINES	92
0666 OBSERVE PATIENT'S APPEARANCE, SUCH AS MANNER OF DRESS	91
0668 OBSERVE PATIENT'S CONVERSATION	90
0636 ASSIST WITH GROUP THERAPY	90
I413 ATTACH PATIENT ARMBANDS	90
I425 INSPECT REFRIGERATORS FOR PROPER TEMPERATURE	90
G285 ESTABLISH POSITIVE PATIENT RAPPORT	88
G319 OBSERVE AND REPORT EMOTIONAL STATUS OR NEEDS OF PATIENTS	88
G325 OBSERVE SLEEPING HABITS OF PATIENTS	88
0681 RECORD OBSERVATIONS ON PATIENT'S CONVERSATION	87
0679 RECORD OBSERVATIONS ON PATIENT'S APPEARANCE, SUCH AS MANNER OF DRESS	87
G310 MAKE ROUNDS	85
0662 ENCOURAGE PATIENT PARTICIPATION IN ACTIVITIES	85
E156 STAMP ADDRESSOGRAPH DATA FORMS	85
0638 ASSIST WITH RECREATIONAL THERAPY	85
G332 OBTAIN AND RECORD RADIAL PULSE	83
0670 PARTICIPATE IN REHASHES OF THERAPY SESSIONS	83
0642 CONDUCT INDIVIDUAL OR ONE-TO-ONE THERAPY	73



TABLE A2  
REPRESENTATIVE TASKS PERFORMED BY  
INPATIENT MENTAL HEALTH PERSONNEL  
(STG032, N=88)

TASKS	PERCENT MEMBERS PERFORMING
E137 MAKE ENTRIES ON SF FORMS 511 (MEDICAL RECORD-VITALS SIGNS RECORD)	100
G328 OBTAIN AND RECORD BODY WEIGHTS	100
G330 OBTAIN AND RECORD HEIGHTS	100
I422 ENFORCE UNIT VISITING POLICIES	100
0680 RECORD OBSERVATIONS ON PATIENT'S BEHAVIOR	99
G327 OBTAIN AND RECORD BLOOD PRESSURES	99
I433 ORIENT PATIENTS TO RULES	99
0667 OBSERVE PATIENT'S BEHAVIOR	98
I411 ADMIT AND ORIENT PATIENTS TO UNITS	97
0666 OBSERVE PATIENT'S APPEARANCE, SUCH AS MANNER OF DRESS	97
G284 ESCORT MENTAL HEALTH PATIENTS TO APPOINTMENTS OR PROCEDURES WITHIN HOSPITALS	97
G285 ESTABLISH POSITIVE PATIENT RAPPORT	95
G334 OBTAIN AND RECORD TEMPERATURES	95
0679 RECORD OBSERVATIONS ON PATIENT'S APPEARANCE, SUCH AS MANNER OF DRESS	95
G333 OBTAIN AND RECORD RESPIRATIONS	95
I413 ATTACH PATIENT ARMBANDS	95
0681 RECORD OBSERVATIONS ON PATIENT'S CONVERSATION	94
I432 ORIENT PATIENTS TO ROUTINES	94
0677 PLACE PATIENTS IN SECLUSION	94
G325 OBSERVE SLEEPING HABITS OF PATIENTS	93
G319 OBSERVE AND REPORT EMOTIONAL STATUS OR NEEDS OF PATIENTS	92
0674 PERFORM CONSTANT, ONE-TO-ONE, OBSERVATION OF SUICIDE RISK PATIENTS	92
0668 OBSERVE PATIENT'S CONVERSATION	92
G310 MAKE ROUNDS	92
0662 ENCOURAGE PATIENT PARTICIPATION IN ACTIVITIES	92
0636 ASSIST WITH GROUP THERAPY	92
0673 PERFORM CONSTANT, ONE-TO-ONE, OBSERVATION OF ELOPEMENT RISK PATIENTS	91
E157 STUFF PATIENT'S CHARTS WITH BLANK FORMS	91
I415 CHECK PATIENT'S PERSONAL BELONGINGS FOR UNAUTHORIZED ITEMS	90
0670 PARTICIPATE IN REHASHES OF THERAPY SESSIONS	89
E91 ASSEMBLE MENTAL HEALTH UNIT ADMISSION PACKS	89
G332 OBTAIN AND RECORD RADIAL PULSE	88
0675 PERFORM PHYSICAL RESTRAINTS ON PATIENTS	88
E131 MAKE ENTRIES ON RESTRAINT AND SECLUSION RECORDS	88
E156 STAMP ADDRESSOGRAPH DATA FORMS	86
G337 PASS OUT FOOD TRAYS TO PATIENTS	86

TABLE A3  
 REPRESENTATIVE TASKS PERFORMED BY  
 ALCOHOL REHABILITATION UNIT PERSONNEL  
 (STG034, N=20)

TASKS	PERCENT MEMBERS PERFORMING
0667 OBSERVE PATIENT'S BEHAVIOR	100
E90 ASSEMBLE ALCOHOL REHABILITATION CENTER (ARC) ADMISSION PACKS	100
E157 STUFF PATIENT'S CHARTS WITH BLANK FORMS	100
E153 REVIEW PATIENT RECORDS FOR COMPLETENESS	100
I433 ORIENT PATIENTS TO RULES	100
B35 PARTICIPATE IN STAFF MEETINGS	100
E137 MAKE ENTRIES ON SF FORMS 511 (MEDICAL RECORD-VITALS SIGNS RECORD)	100
0668 OBSERVE PATIENT'S CONVERSATION	95
0666 OBSERVE PATIENT'S APPEARANCE, SUCH AS MANNER OF DRESS	95
I411 ADMIT AND ORIENT PATIENTS TO UNITS	95
0638 ASSIST WITH RECREATIONAL THERAPY	95
G327 OBTAIN AND RECORD BLOOD PRESSURES	95
0636 ASSIST WITH GROUP THERAPY	90
E135 MAKE ENTRIES ON SF FORMS 509 (MEDICAL RECORD-PROGRESS NOTES)	90
0680 RECORD OBSERVATIONS ON PATIENT'S BEHAVIOR	90
0681 RECORD OBSERVATIONS ON PATIENT'S CONVERSATION	90
I429 MONITOR PATIENT USE OF TELEPHONE	90
I432 ORIENT PATIENTS TO ROUTINES	90
G285 ESTABLISH POSITIVE PATIENT RAPPORT	85
0662 ENCOURAGE PATIENT PARTICIPATION IN ACTIVITIES	85
G319 OBSERVE AND REPORT EMOTIONAL STATUS OR NEEDS OF PATIENTS	85
0679 RECORD OBSERVATIONS ON PATIENT'S APPEARANCE, SUCH AS MANNER OF DRESS	85
0656 COUNSEL PATIENTS ON REALITY OF THEIR CONDITION	85
0644 CONDUCT PATIENT EDUCATION CLASSES	85
0642 CONDUCT INDIVIDUAL OR ONE-TO-ONE THERAPY	85
E156 STAMP ADDRESSOGRAPH DATA FORMS	85
0670 PARTICIPATE IN REHASHES OF THERAPY SESSIONS	80
E99 DOCUMENT EDUCATION PROVIDED TO INPATIENTS	80
I420 CONDUCT SHIFT REPORTS	80
G310 MAKE ROUNDS	80
E102 MAINTAIN CURRENT NURSING CARE PLAN FORMS	80
0658 COUNSEL PATIENTS REGARDING ALCOHOL ABUSE REHABILITATION PROGRAMS	75
0652 COUNSEL ALCOHOL REHABILITATION CENTER (ARC) PATIENT FAMILIES	70
B21 CONDUCT BRIEFINGS	70

TABLE A4  
REPRESENTATIVE TASKS PERFORMED BY  
UNIT NCOIC IJT  
(STG018, N=24)

TASKS	PERCENT MEMBERS PERFORMING
B35 PARTICIPATE IN STAFF MEETINGS	100
B23 COUNSEL SUBORDINATES	100
D79 EVALUATE OJT TRAINEES	100
C66 WRITE APR	100
I411 ADMIT AND ORIENT PATIENTS TO UNITS	100
E130 MAKE ENTRIES ON PATIENT CENSUS STATUS BOARDS	100
A11 ESTABLISH WORK PRIORITIES	96
0667 OBSERVE PATIENT'S BEHAVIOR	96
B36 PERFORM INVENTORIES OF EQUIPMENT OR SUPPLIES	95
A17 PREPARE DUTY SCHEDULES	96
I433 ORIENT PATIENTS TO RULES	96
D71 CONDUCT OJT	96
A12 ESTABLISH WORK PROCEDURES	96
I432 ORIENT PATIENTS TO ROUTINES	96
0670 PARTICIPATE IN REHASHES OF THERAPY SESSIONS	92
0679 RECORD OBSERVATIONS ON PATIENT'S APPEARANCE, SUCH AS MANNER OF DRESS	92
0668 OBSERVE PATIENT'S CONVERSATION	92
0666 OBSERVE PATIENT'S APPEARANCE, SUCH AS MANNER OF DRESS	92
I420 CONDUCT SHIFT REPORTS	92
G310 MAKE ROUNDS	92
0636 ASSIST WITH GROUP THERAPY	88
0681 RECORD OBSERVATIONS ON PATIENT'S CONVERSATION	88
B42 SUPERVISE MENTAL HEALTH UNIT SPECIALISTS (AFSC 91451)	88
0680 RECORD OBSERVATIONS ON PATIENT'S BEHAVIOR	88
0662 ENCOURAGE PATIENT PARTICIPATION IN ACTIVITIES	88
D73 COUNSEL TRAINEES ON TRAINING PROGRESS	88
B38 SUPERVISE APPRENTICE MENTAL HEALTH UNIT SPECIALISTS (AFSC 91431)	83
0671 PARTICIPATE IN TREATMENT CARE PLAN DEVELOPMENT SESSIONS	83
0656 COUNSEL PATIENTS ON REALITY OF THEIR CONDITION	79
G319 OBSERVE AND REPORT EMOTIONAL STATUS OR NEEDS OF PATIENTS	79
0642 CONDUCT INDIVIDUAL OR ONE-TO-ONE THERAPY	75
G285 ESTABLISH POSITIVE PATIENT RAPPORT	71

TABLE A5

REPRESENTATIVE TASKS PERFORMED BY  
DEPT SUPERINTENDENT/SENIOR NCOIC IJT  
(STG005, N=14)

TASKS	PERCENT MEMBERS PERFORMING
B23 COUNSEL SUBORDINATES	100
B35 PARTICIPATE IN STAFF MEETINGS	100
B31 INTERPRET DIRECTIVES FOR SUBORDINATES	93
A10 ESTABLISH REQUIREMENTS FOR SUPPLIES	93
C58 EVALUATE USE OF SUPPLIES	93
B26 DRAFT CORRESPONDENCE	86
B42 SUPERVISE MENTAL HEALTH UNIT SPECIALISTS (AFSC 91451)	86
A13 MAKE INPUTS TO STANDING OPERATING PROCEDURES (SOP)	86
C49 EVALUATE COMPLIANCE WITH WORK STANDARDS	86
C66 WRITE APR	86
A11 ESTABLISH WORK PRIORITIES	86
A12 ESTABLISH WORK PROCEDURES	86
D69 ARRANGE FOR TRAINING OF MENTAL HEALTH TECHNICIANS BY STAFF PERSONNEL	86
B33 MAKE ENTRIES ON PERSONNEL ACTION REQUESTS, SUCH AS AF FORMS 2095 (ASSIGNMENT/PERSONNEL ACTION)	79
A4 DRAFT BUDGET REQUIREMENTS	79
A6 ESTABLISH PERFORMANCE STANDARDS	79
A18 PREPARE MILITARY JOB DESCRIPTIONS	79
C54 EVALUATE MILITARY JOB DESCRIPTIONS	79
C60 EVALUATE WORK SCHEDULES	79
C46 EVALUATE ADMINISTRATIVE PROCEDURES	79
C47 EVALUATE BUDGET REQUIREMENTS	71
B28 IMPLEMENT SAFETY PROGRAMS	71
C55 EVALUATE SAFETY PROGRAMS	71
C61 INDORSE AIRMAN PERFORMANCE REPORTS (APR)	64
C51 EVALUATE INSPECTION PROCEDURES	64
D75 DETERMINE TRAINING REQUIREMENTS	64
A7 ESTABLISH REQUIREMENTS FOR EQUIPMENT	64
E108 MAINTAIN SUPPLY OR EQUIPMENT RECORDS	57
B43 SUPERVISE MENTAL HEALTH UNIT TECHNICIANS (AFSC 91471)	50
E114 MAKE ENTRIES ON AF FORMS 3078 (WEEKLY PERSONNEL TIME AND SALARY DISTRIBUTION WORKSHEET)	50
E107 MAINTAIN PUBLICATION FILES	50